

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24069

STATE FILE NUMBER

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 309

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sanitarium		Length of stay in lb 33 hrs	d. STREET ADDRESS (If outside, give location) 10105 E. 23rd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Amelia Middle Beatrice Last Cawthon			4. DATE OF DEATH Month July Day 10 Year 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> Child DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 4, 1952		9. AGE (In years last birthday) 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Orville S. Cawthon			14. MOTHER'S MAIDEN NAME Bonnie Hackworth		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Orville S. Cawthon, Independence, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2nd + 3rd Degree Burns 2/3 Body Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 16					
INTERVAL BETWEEN ONSET AND DEATH 9/60					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) House Caught Fire					
20c. TIME OF INJURY Hour 7-8 Month 5 Day 5 Year 56 a. m. 56 p. m. 56					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Independence, Jackson Mo		20f. CITY, TOWN, OR LOCATION Independence, Jackson Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 6:55A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner		22b. ADDRESS 1034 Rialto Bldg		22c. DATE SIGNED 7-11-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/12/56		23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	
23d. LOCATION (City, town, or county) Kansas City Mo.		23e. DATE RECD. BY LOCAL REG. 7-12-56		23f. REGISTRAR'S SIGNATURE Lamer	
24. FUNERAL DIRECTOR Chas. B. Gerson		ADDRESS Independence, Mo.		25. REGISTRAR'S SIGNATURE Lamer	

(Licensed Embolmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 487

P. O. Address Indep.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If the body is to be embalmed by a student, the student must sign in his OWN handwriting.)

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.